BEST AVAILABLE COPY

Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Tumb-lozelp

CLAIMS AS FILED - PART I (Column 1)					(Column 2)			SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			15		42		ſ	RATE	FEE	 	RATE	FEE
FOR			NUMBER FILED		NUMBI	ER EXTRA		BASIC FEE	355.00	OR		[,] 710.00
TOTAL CHARGEABLE CLAIMS			/ minus 20=		· &			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			6 min	6 minus 3 =		3		X40=	120	OR	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter					r "0" in c	olumn 2		TOTAL	475	OR	TOTAL	
CLAIMS AS AMENDED - PART I								SMALL E	AITITV	OR	OTHER SMALL	
		(Column 1) CLAIMS		(Colui		(Column 3)	1 :	SWALLE			SIVIALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVI PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	T CL AINA	=		X40=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDEN					CLAIM			+135=		OR	+270=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)		70011.1 LE	<u> </u>			
AMENDMENT B	1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	CLAIMS REMAINING AFTER AMENDMENT		HIGI NUN PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		= '		X40=		OR	X80=	
L	FIRST PRESE	NTATION OF M	ULTIPLE DEP	ENDEN	TCLAIM		J	+135=		OR	+270=	
								TOTAL			TOTAL	
			ADDIT. FEE			ADDIT. FEE						
_	The second	(Column 1) CLAIMS			mn 2) HEST	∖(Column 3) T	٩.			ı		
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PRÉV	MBER HOUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=]	X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT						┛				. 270	
	If the entry in colu	mn 1 is less than	the entry in colu	mn 2. wri	te "O" in co	olumn 3.	·	+135=		OR	+270= TOTAL	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												